

This is a reminder that your 3-month shot of Depo-Provera
Contraceptive Injection (medroxyprogesterone acetate injectable
suspension) is due on: _____

You have 7 days after this date to get the shot before you are at
risk for pregnancy. If you need to schedule an appointment, need
a new birth control method, or have questions, please call us.

- ☐ **Auburn Public Health Center** (206) 296-8400
20 Auburn Ave., Auburn, WA 98002
- ☐ **Columbia Public Health Center** (206) 296-4650
4400-37th Ave. So., Seattle, WA 98118
- ☐ **Downtown Public Health Center** (206) 296-4755
2124-4th Ave., Seattle, WA 98121
- ☐ **Eastgate Public Health Center** (206) 296-4920
14350 S.E. Eastgate Way, Bellevue, WA 98007
- ☐ **Federal Way Public Health Center** (206) 296-8410
33431 13th Place So., Federal Way, WA 98003
- ☐ **Kent Public Health Center** (206) 296-4500
1404 S. Central Ave. Suite #112, Kent, WA 98032
- ☐ **Kent Teen Clinic** (206) 296-7450
613 W. Gowe, Kent, WA 98032
- ☐ **North Public Health Center** (206) 296-4765
10501 Meridian Ave. North, Seattle, WA 98133
- ☐ **Northshore Public Health Center** (206) 296-9787
10808 N.E. 145th Street, Bothell, WA 98011
- ☐ **Renton Public Health Center** (206) 296-4700
3001 N.E. 4th, Renton, WA 98056
- ☐ **White Center Public Health Center** (206) 296-4620
10821-8th Ave. S.W., Seattle, WA 98146

DMPA Reminder Card
Xerox to card stock, fold, tape closed, use postcard stamp

Last updated: 1/17/02

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Xerox to card stock, fold, tape closed, use postcard stamp

Last updated: 1/17/02

Fold Line

Needs letter postage

TO: _____

Fold Line

Needs letter postage

TO: _____

Date:

DSHS
Forms and Publications Warehouse
P.O. Box 45816
Olympia WA 98504-5816
360-753-1528
360-664-0597 (FAX)

To Whom It May Concern:

Please send us the following cards:

We need _____ ***Domestic Violence Safety Plan Pocket Guide Cards***
(DSHS 22-276 (x) 10/98).

Please send to the address checked below, **Attention:** _____.

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Pap Reminder Card Example

**A Reminder to
Call Us**

Postage

Name and Address

Date Exam Due: _____
(month/year)

It is time for your yearly women's health exam. Please call us today to make your appointment. We look forward to seeing you again.

Spanish version available as sticker: Ya tiempo para su examen anual de salud femenina. Por favor llamenos el dia de hoy para hacerle una cita. Esperamos poder verla pronto otra vez.





Return Address Clinic sticker


Blood Pressure Have your blood pressure checked once a year, more frequently if it is high.		Total Cholesterol Have your cholesterol checked every 5 years, more frequently if it is high.		Weight Have your weight checked monthly	
Date	Blood Pressure	Date	Total Cholesterol	Date	Weight
Ideal Levels:					
Blood Pressure – Less than 130/85		Cholesterol – Less than 200		Body Mass Index < 26	

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Health Tips:	Clinic Names and Phone Numbers:	PHSKC Preventative Health Documentation Card
<ul style="list-style-type: none"> • Do not use tobacco • Limit alcohol use • Eat at least 5 fruits or vegetables every day • Get 8 hours of sleep • Wear your seatbelt • Get vigorous exercise at least 3 times a week • Report abuse or violence • Use condoms 	Auburn Health Center (206) 296-8400 Columbia Health Center (206) 296-4650 Downtown Health Center (206) 296-4755 Eastgate Health Center (206) 296-4920 Federal Way Health Center (206) 296-8410 Kent Health Center (206) 296-4500 Kent Teen Clinic (206) 296-7450 North Health Center (206) 296-4765 Northshore Health Center (206) 296-9787 Renton Health Center (206) 296-4700 White Center Health Center (206) 296-4620	 <p>Public Health Seattle & King County HEALTHY PEOPLE. HEALTHY COMMUNITIES.</p> <p>Last updated: 7/5/01</p>

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Mucus Symbols:		D	M		
		Menses			
		Dry	Non-wet Quality	Wet Quality	Last day of
		No Mucus	Mucus	Mucus	Wet Quality Mucus
		(and dry vaginal	(and dry vaginal	(and wet vaginal	(and wet vaginal
		sensation)	sensation)	sensation)	sensation)
Cervix Symbols:					
					

- measure temperature after a minimum of 3 hours of sleep
- near ovulation, the cervix is soft and high as estrogen pulls the uterus up and mucus like egg whites = viscous, clear
- eggs live for 12 to 24 hours; and, if a 2nd ovulation happens, it will be within 24 hours of the 1st ovulation
- sperm can live for 5 days
- fertilization is therefore possible 5 days before ovulation and 2 days after

HEADACHE DIARY

Date	During Menses?	Time Began (hour AM/PM)	Severity (score)*	Psychic and Physical Factors ^A	Chemical Exposure ^B	Describe Location/ Type of Pain	Medication Taken, Dosage	Time Ended (hour AM/PM)	Relief (score)**
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
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Severity Scale *

1 2 3 4 5 6 7 8 9 10
 None Mild Can't work Worst, can't do anything

Relief Scale **

1 2 3 4 5 6 7 8 9 10
 Getting worse Same, unchanged better Totally better

A. Psychic and Physical Factors

- | | |
|---|------------------------------|
| 1 – Emotional upset (family or friends) | 13 – New job/position |
| 2 – Emotional upset (occupational) | 14 – Moved/housing change |
| 3 – Business failure | 15 – Menstrual days |
| 4 – Business success | 16 – Physical illness |
| 5 – Vacation days | 17 – Oversleeping |
| 6 – Weekend | 18 – Weather |
| 7 – Strenuous exercise | 19 – Fasting |
| 8 – Strenuous labor | 20 – Missing a meal |
| 9 – High altitude location (flight) | 21 – Lack of sleep |
| 10 – Anticipation anxiety | 22 – Studying |
| 11 – Serious crisis | 23 – Television/VCR >2 hours |
| 12 – Postcrisis period | 24 – Other: _____ |

B. Chemical Exposure

- | | |
|--|--|
| A – Ripened cheeses (or pizza) | L – Citrus fruits |
| B – Herring | M – Bananas |
| C – Chocolate | N – Pork |
| D – Red vinegar | O – Caffeinated beverages (including sodas) |
| E – Fermented foods (pickled or marinated, sour cream, yogurt) | P – Avocado |
| F – Freshly baked yeast breads, cakes | Q – Smoked or cured sausage, cured cold cuts |
| G – Nuts, peanut butter | R – Chicken livers |
| H – Monosodium glutamate (Asian food) | S – Wine |
| I – Pods or broad beans | T – Alcohol |
| J – Onions | U – Beer |
| K – Canned figs | X – Drugs (specify): _____ |

Bring this card to your clinic visits

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Type of flow: Blood = X Spotting = S

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Type of flow: Blood = X Spotting = S

Birth Control Pill Hints

DON'T STOP THE PILL, if you have spotting, bleeding, or no period. **TAKE ONE PILL** at the same time EVERYDAY even during your period.

FIRST TIME ONLY: Start taking the pills on day "1" of your period or the 1st Sunday of your period. Count the first day that you bleed as day "1".

WHEN STARTING THE PILL use a back-up contraception method like condoms for 7 days.

IF YOU FORGET one pill, take it as soon as you remember. Then take the pill for that day at the regular time.

IF YOU FORGET two pills, take two pills for two days and use back-up contraception method like condoms for 7 days.

Call for questions or to make an appointment:

Your PAP/Annual is due: _____

Next Shot Due:

____/____/____ ____/____/____ ____/____/____

____/____/____ ____/____/____ ____/____/____

____/____/____ ____/____/____ ____/____/____

____/____/____ ____/____/____ ____/____/____



CS 13.22.92, 450-0496 8/04

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CS 13.22.92, 450-0496 8/04

PELVIC SYMPTOM DIARY

Date	During Menses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time Began (hour AM/PM)	Severity (score)*	Psychic and Physical Factors ^A	Chemical Exposure ^B	Describe Location/ Type of Pain	Medication Taken, Dosage	Time Ended (hour AM/PM)	Relief (score)**
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
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Severity Scale *

1 2 3 4 5 6 7 8 9 10
None Mild Can't work Worst, can't do anything

Relief Scale **

1 2 3 4 5 6 7 8 9 10
Getting worse Same, unchanged better Totally better

A. Psychic and Physical Factors

- | | |
|---|------------------------------|
| 1 – Emotional upset (family or friends) | 14 – New job/position |
| 2 – Emotional upset (occupational) | 15 – Moved/housing change |
| 3 – Feeling depressed/blue/sad | 16 – Ovulation time |
| 4 – Business failure | 17 – Painful urination |
| 5 – Business success | 18 – Oversleeping |
| 6 – Vacation or weekend days | 19 – Weather |
| 7 – Constipation | 20 – Fasting |
| 8 – Strenuous exercise/work | 21 – Missing a meal |
| 9 – Sexual activity | 22 – Lack of sleep |
| 10 – High altitude location (flight) | 23 – Studying |
| 11 – Anticipation anxiety | 24 – Television/VCR >2 hours |
| 12 – Alcohol or substance use | 25 – Other: _____ |
| 13 – Accident | |

B. Chemical Exposure

- | | |
|--|---------------------------------|
| A – Ripened cheeses (or pizza) | J – Coffee |
| B – Chocolate | K – Caffeinated soda |
| C – Fermented foods (pickled or marinated, sour cream, yogurt) | L – Tea |
| D – Freshly baked yeast breads, cakes | M – Wine |
| E – Nuts, peanut butter | N – Distilled alcohol (spirits) |
| F – Monosodium glutamate (Asian food) | O – Beer |
| G – Pods or broad beans | P – Cocaine |
| H – Onions | Q - Amphetamine |
| I – Citrus fruits | R – Marijuana |
| | S – Other drugs: _____ |

Voiding Diary

Date: _____

Updated: 7.7.05

[illegible]

Instructions:

Instructions

Measure the volume of water you drink and the volume you urinate. Record these times. Document your incontinence or urine leakage.

Abnormal Pap Tracking Alert Slip

(Xerox on pink paper, cut into four slips, put holes on top of each slip)

Last Updated: 8/2/01

This client is involved in PAP Follow-Up.

*Please check care plan and update current contact
information with each visit*

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Discharge Routing Sheet

Discharge Routing Sheet

Next Appt Due

☐ 1 year ☐ 6 months ☐ 3 months ☐ 1 month
☐ 2 weeks ☐ 1 week ☐ 3 days ☐ 1-2 days

Type of Appt

☐ annual ☐ initial ☐ pap/pelvic
☐ method check ☐ infection check
☐ pregnancy test ☐ blood draw ☐ BP/OCP
☐ other medical ☐ EGW treatment ☐ IUD
☐ injection ☐ other:

Length of Time Needed for Appt

☐ 10 min ☐ 20 min ☐ 30 min ☐ 40 min

☐ Interpreter: Language:

Provider

☐ any available ☐ specific one:
☐ overbook okay

Eligible for Take Charge ☐ No ☐ Yes
 Paperwork for Take Charge submitted ☐

Discharge Teaching Needed

☐ OCP ☐ DMPA ☐ Lunelle ☐ ECP ☐ male condom
☐ Nuvaring ☐ Evra patch
☐ female condom ☐ STD/HIV prevention
☐ BUM for 2 weeks ☐ HCG in 4 weeks
☐ Tobacco Patch/Cessation ☐ ECRR

Contraceptive Prescription Dispensing

☐ OCP brand: _____ pack # _____
☐ DMPA ☐ Lunelle ☐ other: _____

STAT Meds or Labs Needed

☐ HCG ☐ Hct/Hgb ☐ UA ☐ other:
☐ injection mg ceftriaxone or:
☐ 1 gram azithro sachet
☐ ECP

☐ See provider before client leaves

Next Appt Due

☐ 1 year ☐ 6 months ☐ 3 months ☐ 1 month
☐ 2 weeks ☐ 1 week ☐ 3 days ☐ 1-2 days

Type of Appt

☐ annual ☐ initial ☐ pap/pelvic
☐ method check ☐ infection check
☐ pregnancy test ☐ blood draw ☐ BP/OCP
☐ other medical ☐ EGW treatment ☐ IUD
☐ injection ☐ other:

Length of Time Needed for Appt

☐ 10 min ☐ 20 min ☐ 30 min ☐ 40 min

☐ Interpreter: Language:

Provider

☐ any available ☐ specific one:
☐ overbook okay

Eligible for Take Charge ☐ No ☐ Yes
 Eligible for Take Charge ☐ No ☐ Yes

Discharge Teaching Needed

☐ OCP ☐ DMPA ☐ Lunelle ☐ ECP ☐ male condom
☐ Nuvaring ☐ Evra patch
☐ female condom ☐ STD/HIV prevention
☐ BUM for 2 weeks ☐ HCG in 4 weeks
☐ Tobacco Patch/Cessation ☐ ECRR

Contraceptive Prescription Dispensing

☐ OCP brand: _____ pack # _____
☐ DMPA ☐ Lunelle ☐ other: _____

STAT Meds or Labs Needed

☐ HCG ☐ Hct/Hgb ☐ UA ☐ other:
☐ injection mg ceftriaxone or:
☐ 1 gram azithro sachet
☐ ECP

☐ See provider before client leaves

<input type="checkbox"/> Auburn Public Health Center	(206) 296-8400
20 Auburn Ave., Auburn, WA 98002	
<input type="checkbox"/> Columbia Public Health Center	(206) 296-4650
4400-37 th Ave. So., Seattle, WA 98118	
<input type="checkbox"/> Downtown Public Health Center	(206) 296-4755
2124-4 th Ave., Seattle, WA 98121	
<input type="checkbox"/> Eastgate Public Health Center	(206) 296-4920
14350 SE Eastgate Way, Bellevue, WA 98007	
<input type="checkbox"/> Federal Way Public Health Center	(206) 296-8410
33431-13 th Place S., Federal Way, WA 98003	
<input type="checkbox"/> Kent Teen Clinic	(206) 296-7450
613 W. Gowe, Kent, WA 98032	
<input type="checkbox"/> North Public Health Center	(206) 296-4765
10501 Meridian Ave N., Seattle, WA 98133	
<input type="checkbox"/> Northshore Public Health Center	
10808 NE 145 th ST., Bothell, WA 98011	
<input type="checkbox"/> Renton Public Health Center	(206) 296-4700
3001 NE 4 th , Renton, WA 98056	
<input type="checkbox"/> White Center Public Health Center	(206) 296-4620
10821-8 th Ave. SW, Seattle, WA 98146	

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10821-8 th Ave. SW, Seattle, WA 98146	

THIS IS YOUR LAST PACK OF BIRTH CONTROL.

Please call **NOW** to make an appointment for more birth control and you also need:

- ☐ Blood Pressure Checked
- ☐ An Exam

<input type="checkbox"/> Auburn Public Health Center	(206) 296-8400
<input type="checkbox"/> Columbia Public Health Center	(206) 296-4650
<input type="checkbox"/> Downtown Public Health Center	(206) 296-4920
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<input type="checkbox"/> Northshore Public Health Center	(206) 296-9787
<input type="checkbox"/> Renton Public Health Center.....	(206) 296-4700
<input type="checkbox"/> White Center Public Health Center	(206) 296-4620

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<input type="checkbox"/> Northshore Public Health Center	(206) 296-9787
<input type="checkbox"/> Renton Public Health Center	(206) 296-4700
<input type="checkbox"/> White Center Public Health Center.....	(206) 296-4620

ESTE ES SU ULTIMO PAQUETE DE MEDICAMENTO.

Por favor llame ahora para hacer una cita para mas medicamento y tambien necesita:

- ☐ Chequear su pression.
- ☐ Un examen anual.

<input type="checkbox"/> Auburn Public Health Center	(206) 296-8400
<input type="checkbox"/> Columbia Public Health Center	(206) 296-4650
<input type="checkbox"/> Downtown Public Health Center	(206) 296-4920
<input type="checkbox"/> Eastgate Public Health Center	(206) 296-4920
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<input type="checkbox"/> Northshore Public Health Center	(206) 296-9787
<input type="checkbox"/> Renton Public Health Center.....	(206) 296-4700
<input type="checkbox"/> White Center Public Health Center	(206) 296-4620

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Por favor llame ahora para hacer una cita para mas medicamento y tambien necesita:

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- ☐ Un examen anual.

<input type="checkbox"/> Auburn Public Health Center	(206) 296-8400
<input type="checkbox"/> Columbia Public Health Center	(206) 296-4650
<input type="checkbox"/> Downtown Public Health Center	(206) 296-4920
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<input type="checkbox"/> White Center Public Health Center.....	(206) 296-4620

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- ☐ Un examen anual.

<input type="checkbox"/> Auburn Public Health Center	(206) 296-8400
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<input type="checkbox"/> Renton Public Health Center.....	(206) 296-4700
<input type="checkbox"/> White Center Public Health Center	(206) 296-4620

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Por favor llame ahora para hacer una cita para mas medicamento y tambien necesita:

- ☐ Chequear su pression.
- ☐ Un examen anual.

<input type="checkbox"/> Auburn Public Health Center	(206) 296-8400
<input type="checkbox"/> Columbia Public Health Center	(206) 296-4650
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<input type="checkbox"/> White Center Public Health Center.....	(206) 296-4620

Post Cervical Dysplasia Follow-Up Cytology Alert Slip

(Xerox on pink paper, cut into four slips, put holes on top of each slip)

Last Updated: 8/2/01

Treatment Type _____

Treatment Date _____

Pap every 6 months following treatment done

1. Date/Results _____

2. Date/Results _____

3. Date/Results _____

4. Date/Results _____

This client is involved in PAP Follow-Up.

Please check care plan and update current contact
information with each visit.

Treatment Type _____

Treatment Date _____

Pap every 6 months following treatment done

1. Date/Results _____

2. Date/Results _____

3. Date/Results _____

4. Date/Results _____

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Pap every 6 months following treatment done

1. Date/Results _____

2. Date/Results _____

3. Date/Results _____

4. Date/Results _____

This client is involved in PAP Follow-Up.

Please check care plan and update current contact
information with each visit.

Date _____

Dear _____:

You had a ☐ pap test ☐ colposcopy on_____.

Your result from that test was _____.

These results indicate that you need either a repeat pap test or further evaluation or possible treatment of your cervix. Abnormal pap testing can mean that you are at risk for cervical cancer and if you do not follow up you may risk developing cervical cancer. Cervical cancer if untreated can lead to hysterectomy and or death. We are enclosing information on pap or cervical testing and colposcopy (if you need to have that test).

Please follow up, you need: _____

Please call us so we can make an appointment. We are also available to discuss this over the telephone. We hope to hear from you soon.

Provider or contact person: _____

Best time to call: _____

-
- | | |
|--|--|
| <input type="checkbox"/> Auburn Public Health Center (206) 296-8400
20 Auburn Ave., Auburn, WA 98002 | <input type="checkbox"/> Kent Teen Clinic (206) 296-7450
613 W. Gowe, Kent, WA 98032 |
| <input type="checkbox"/> Columbia Public Health Center (206) 296-4650
4400-37th Ave. So., Seattle, WA 98118 | <input type="checkbox"/> North Public Health Center (206) 296-4765
10501 Meridian Ave. North, Seattle, WA 98133 |
| <input type="checkbox"/> Downtown Public Health Center (206) 296-4755
2124-4th Ave., Seattle, WA 98121 | <input type="checkbox"/> Northshore Public Health Center (206) 296-9787
10808 N.E. 145th Street, Bothell, WA 98011 |
| <input type="checkbox"/> Eastgate Public Health Center (206) 296-4920
14350 S.E. Eastgate Way, Bellevue, WA 98007 | <input type="checkbox"/> Renton Public Health Center (206) 296-4700
3001 N.E. 4th, Renton, WA 98056 |
| <input type="checkbox"/> Federal Way Public Health Center (206) 296-8410
33431 13th Place So., Federal Way, WA 98003 | <input type="checkbox"/> White Center Public Health Ctr (206) 296-4620
10821-8th Ave. S.W., Seattle, WA 98146 |
| <input type="checkbox"/> Kent Public Health Center (206) 296-4500
1404 S. Central Ave. Suite #112, Kent, WA 98032 | |

Date: _____

Dear _____:

Your test which was done on _____ has come back abnormal.

- ☐ You should be treated with antibiotics as soon as possible. Please call the clinic for an appointment immediately. Your partner(s) should also be treated. They may make an appointment to be seen here, or by another provider.
- ☐ You need further testing and evaluation and you may have a condition which needs treatment.

Please call your clinic below for a follow-up appointment.

Sincerely,

PHSKC Clinic Staff

☐ **Auburn Public Health Center** (206) 296-8400
20 Auburn Ave., Auburn, WA 98002

☐ **Columbia Public Health Center** (206) 296-4650
4400-37th Ave. So., Seattle, WA 98118

☐ **Downtown Public Health Center** (206) 296-4755
2124-4th Ave., Seattle, WA 98121

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14350 S.E. Eastgate Way, Bellevue, WA 98007

☐ **Federal Way Public Health Center** (206) 296-8410
33431 13th Place So., Federal Way, WA 98003

☐ **Kent Teen Clinic** (206) 296-7450
613 W. Gowe, Kent, WA 98032

☐ **North Public Health Center** (206) 296-4765
10501 Meridian Ave. North, Seattle, WA 98133

☐ **Northshore Public Health Center** (206) 296-9787
10808 N.E. 145th Street, Bothell, WA 98011

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3001 N.E. 4th, Renton, WA 98056

☐ **White Center Public Health Center** (206) 296-4620
10821-8th Ave. S.W., Seattle, WA 98146

Place Patient Sticker Here



Public Health

Seattle & King County

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Alonzo L. Plough, Ph.D., MPH, Director and Health Officer

Last Updated: 12/16/04

Date: _____

To Whom It May Concern:

- ☐ Was seen in our office today.
- ☐ May return to work/school.
- ☐ Recommend a return to work/school on _____.

Provider: _____

Public Health - Seattle & King County

-
- ☐ **Auburn Public Health Center** (206) 296-8400
20 Auburn Ave., Auburn, WA 98002
 - ☐ **Columbia Public Health Center** (206) 296-4650
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- ☐ **White Center Public Health Center** (206) 296-4620
10821-8th Ave. S.W., Seattle, WA 98146

Chart Label

Date _____

Dear _____:

Have you forgotten your Pap follow-up? This is extremely important to your health. In order to have an accurate Pap test, please don't douche, use tampons or have sex for two days before your pelvic exam and Pap test. It is also better for the test if it is done within one or two weeks after your period has ended.

Please follow up, you need: _____

Please call us so we can make an appointment. We are also available to discuss this over the telephone. We hope to hear from you soon.

Provider or contact person: _____

Best time to call: _____

-
- | | |
|--|--|
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1404 S. Central Ave. Suite #112, Kent, WA 98032 | |

Date: _____

Dear _____:

Your test which was done on _____ has come back and the results are enclosed.

If you have questions about your results please call your clinic below for a follow-up appointment.

Sincerely,

PHSKC Clinic Staff

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